



Illinois Liquor Control Commission

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ADVISORY OPINION REQUEST FORM

Name of Requestor (individual or business entity): _____

Address: _____

City, State, Zip, County: _____

Phone Number: _____

Email: _____

Topic: _____

Question or Issue to be Addressed: *Detail your question, legal issue, or legal argument with legal citations (if applicable) below. Please be as specific as possible. Attach additional pages as necessary.*

Please email completed form to: ILCC.AdvisoryOpinions@illinois.gov
